

PERSONNEL SERVICES

CA SCHOOL FOR THE BLIND  
500 WALNUT AVENUE  
FREMONT, CA 94536

## CONVICTION REPORT FORM SUPPLEMENTAL APPLICATION

**READ CAREFULLY AND FOLLOW INSTRUCTIONS WHEN COMPLETING THIS FORM**

NAME: LAST FIRST M.I.	SOCIAL SECURITY NUMBER
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Our responsibility to students and the public, and restrictions outlined in the state education code sec. 88022-88023 requires that we request the following information. In the spaces below, please provide the details of any sex, alcohol, or drug related convictions or charges pending. Also, in the spaces below, please list all felony convictions and all criminal charges pending against you as of the date you are completing this form.

Your conviction record does not automatically prohibit your making application for employment with CA School for the Blind. However, failure to fill out this form or to provide the requested information may disqualify you for an examination or appointment or cause your dismissal from employment. You may request an administrative review prior to completing this form.

If you have no information to list, indicate "N/A", sign and date.

DATE, CITY & STATE OF CONVICTIONS	CHARGES PENDING OR CONVICTIONS	DISPOSITION: HOW MUCH FINE, HOW LONG IN JAIL, HOW MUCH PROBATION?	ARE YOU CURRENTLY A REGISTRANT FOR SEX OR NARCOTICS CONVICTIONS	REMARKS: STATE ANY PARTICULAR INFORMATION NOT PROVIDED THUS FAR

I hereby give my consent to a search for criminal history by a member of the police department and I understand that a conviction, or pending charge or omission of such may disqualify me or cause termination as an employee.

SIGNED \_\_\_\_\_ DATED \_\_\_\_\_  
I HAVE LISTED ALL REQUIRED INFORMATION